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i. Title OF REPORT (if a fill-in report include Form No.)								2. TYPE	S1	[AT[ST]	CAL		
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			5. FREQUENCY (weekly, monthly, quarterly, etc.) 6. D					6. D	DISTRIBUTION (No. of components not				
2 Annual					n			n n	umber of	copies)			
7. FORMAT (memor			<del></del>						VE AUTHOR				
computer print-out, etc)  Memorandum xx			YES IF YES GIVE ADP PROCESSING NO. $Ex/-Di$					r-Com ch year	-	mo t	o an DD	,s	
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